Child psychology- case studies

Child Psychology (Bergen Community College)

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Child Psy presentation

1st member:

Elimination disorders:

there are 2 main categories of elimination disorders i.e. Enuresis and Encopresis. Our focus in this case study is towards Encopresis.

What is Encopresis:

-basically involved the voiding (voluntary or involuntary) of the bowels in inappropriate places
-in children who are at least 4 years of age
-Furthermore Encopresis is commonly caused by constipation, reflexive withholding of stool, due to various physiological, psychological, or neurological disorders, or from surgery (a somewhat rare occurrence).

Case Study:

9 year old child, referred to a psychiatric clinic to address issue of fecal incontinence
-has a history of ADHD + constipation since birth and taking medications
-continent of bladder, but never fully of the bowel
-various strategies used—no improvement seen
-Fecal incontinence occurring 5-6 times per week
-child ignores the urge to pass stool until too late
-is aware of problem—demonstrating embarrassment + avoidance of peer activities

2nd member:

Presenting complaints:

Reports by mother: continent (control) of bladder since 3 but never fully continent of bowel
-moreover she states how child is "very quick in and out of the bathroom" + prefers to stand while act of voidance
-also reports that he ignores his urges and strains when tries (sign of constipation)
- Child reports how can't feel until it's too late

3rd member:

History of present illness:

medical history of ADHD + history of constipation since birth thus seems to be a sorta problem from the start
-Ritalin included as one of the medications--- it is a stimulant drugs used to treat ADHD---helps to stay focused in tasks and pay attention etc.
-diff strategies outlined including diet changes, Miralax (which is a laxative, to provide relief from constipation)

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4th member:

Diagnostic Criteria of Encopresis:

A. Repeated passage of feces into inappropriate places voluntary or unintentional.
Evidence in study:

B. 1 such event occurs for at least 3 months
evidence:
- Fecal incontinence occurred 5-6 times per week during daytime hours

C. Chronological age at least 4 years (at this age continence IS expected)
evidence:
Child is a 9 year old boy; never fully continent of bowel

D. behavior is not exclusively due to a physiological effect of a substance (e.g., laxatives) or a general medical condition, except through a mechanism involving constipation.
Evidence:
History of constipation since birth
(Miralax used but had little to no improvement)

Specified: With Constipation

Assessment:
generally ask:
frequency, time of episodes, toilet training history + whether toilet trained + parental beliefs
-antecedents + consequences, current stressors
Behavioral assessment: (sorta dev a behavioral profile)
--see where responses falling—imp to rule out if intentional

IQ assessment: performed if see uniform developmental delay pattern—to see if ID case

Diagnosis: ----

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5th member:

Etiology

Bio factors:

-conditions causing the constipation such as dehydration due to hypothyroidism :common condition where the thyroid doesn't create and release enough thyroid hormone into your bloodstream. This makes your metabolism slow down

medication side effect e.g. laxatives

Environmental factors:

-anxiety about defecating in certain place—can be seen in case study too where child aware of condition and starting to show avoidance of peer activities

-behavioral problems: might be doing just to sorta tease caregivers or go against them, just to show noncompliance—ends up displaying this behavior

-perfectionist parents—expect a lot—pressure on kid—thus to avoid distress of parents, don't use washroom at all

6th member:

Prevalence:

Between 1.5% and 7.5% of children suffer from encopresis

The estimated prevalence of encopresis in four-year-olds is between 1%-3%. The disorder is thought to be more common in males than females, by a factor of six to one.

treatment:

-essential to clarify to parents that fecal incontinence is caused by rectal impaction(when stool gets stuck) and is out of child's control

behavioral interventions including sitting on the toilet after the same meal each day + trying for some time to have bowel movements

follow up appointments generally 3-4 weeks until bowel movements normalized to see for remission/decrease in prob/symptoms

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